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Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Openito Públic Inspection

Α	For the	2012 calendar year, or tax year beginning and	ending						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addre	wilson county fire <u>fighters association</u>	NC						
	Name chang	D D A.		14-1	857499				
]Initial return		Room/suite	E Telephone number	•				
	Termir ated	P.O. BOX 2310		615-308-1386					
	Ameno return	City, town, or post office, state, and ZIP code		G Gross receipts \$ 171,839.					
	Application pendir	LEBANON, IN 37088		H(a) Is this a group re					
	porten	F Name and address of principal officer. JAMES HENDRICKS		for affiliates?	Yes X No				
_		SAME AS C ABOVE		H(b) Are all affiliates inc					
		empt status: 501(c)(3)	or 527		list. (see instructions)				
_		e: WWW.IAFF4238.ORG organization: Corporation Trust X Association Other	I Voor	H(c) Group exemption	State of legal domicile: TN				
	<u>form or</u> árt∦√	organization: Corporation Trust X Association Other ► Summary	L real	or termation. ZOOO N	1 State of legal doffficile. 111				
_		Briefly describe the organization's mission or most significant activities: WILSO	ON COL	NTY FIRE FI	GHTERS				
SCAINNEL SEP 2.7 2013 Revenue Activities & Governance		ASSOCIATION IS A LOCAL UNION ORGANIZED TO							
r L	2	Check this box if the organization discontinued its operations or dispose							
≈ 8	3	Number of voting members of the governing body (Part VI, line 1a)		3	5				
$\mathcal{T}^\infty_\Omega$	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
2 2 2 3	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
⊇Ē	6	Total number of volunteers (estimate if necessary)		6	25				
Пį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. <mark>7a</mark>	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
Ę			_	Prior Year	Current Year				
วี ร	8	Contributions and grants (Part VIII, line 1h)	_	163,354.	131,843.				
Ven	9	Program service revenue (Part VIII, line 2g)		13,154.	13,191.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	73. 288.	52. 8,981.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	176,869.	154,067.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,969.	13,450.				
		Benefits paid to or for members (Part IX, column (A), line 4)		3,834.	2,886.				
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	25,474.	22,000.				
Dec	. .u	Total fundraising expenses (Part IX, column (D), line 25)	81.	1					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,093.	118,117.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		171,370.	156,453.				
	19	Revenue less expenses. Subtract line 18 from line 12		5,499.	-2,386.				
Net Assets or	22	Total assets (Part X line 16)	В	ginning of Current Year	End of Year				
Sets	20	Total accord (Fall Mills 10)		34,806.	32,420.				
AB	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 27 from line 201 .7 2013	<u></u>	0.	0.				
		Net assets or fund balances. Subtract line 27 from line 201 .7 2013		34,806.	32,420.				
_	art II	Signature Block							
Un:	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule it, and complete. Declaration of preparer (other than officer) is based on all information of wi	s and staten	nents, and to the best of m	y knowledge and belief, it is				
tru	e, correc	it, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r has any knowledge.	$\frac{1}{2} \left(\frac{1}{12} \right)^{2}$				
C :-		Signature of officer /	-	Date /	7/11/1				
Sig		JAMES HENDRICKS, TREASURER		, Date	/ /				
He	re	Type or print name and title			_				
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	BRAD TURNER, CPA	,	9/11/13 self-employ	P01456072				
	parer	Firm's name LENAHAN, SMITH & BARGIACHI, P.C.	•	Firm's EIN	62-1422748				
	Only	Firm's address 1080 BROOKFIELD RD.							
		MEMPHIS, TN 38119		Phone no. 9	01-684-1100				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

	n 990 (2012) WILSON COUNT ort III' Statement of Program Service Ac	Y FIRE FIGHTERS A	ASSOCIATION 14-18	35/499 Page Z
, u	Check if Schedule O contains a response to			
1	Briefly describe the organization's mission:	any quodion in thio rate in		
-	TO ELEVATE FIRE FIGHTING	AS A PROFESSION.		
	Did the experience and orbits are a section to		ale ways not listed an	
2	Did the organization undertake any significant prog the prior Form 990 or 990-EZ?	gram services during the year which	ch were not listed on	Yes X No
	If "Yes," describe these new services on Schedule	0.		TesTes
3	Did the organization cease conducting, or make significant		cts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	9	, ,	
4	Describe the organization's program service accord	nplishments for each of its three is	argest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are re	equired to report the amount of gr	ants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.			
4a		72. including grants of \$		13,243.)
	WILSON COUNTY FIRE FIGHTE	RS ASSOC. ORGANIZ	ED TO ELEVATE FIRE	FIGHTING
	AS A PROFESSION			
				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, (10101000	
				<u></u>
-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		·		
				
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				
4d	Other program services (Describe in Schedule O.)		· · · · · · · · · · · · · · · · · · ·	
- u		ente of \$) (Revenue \$	١
4e	(Expenses \$ including gra Total program service expenses ▶	40,872.	V /∪a∧euria ⊅	
				Form 990 (2012)

WILSON COUNTY FIRE FIGHTERS ASSOCIATION 14-1857499 Page 3 Form 990 (2012) **Checklist of Required Schedules** Part IV. Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х

or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012)

X

Х 18

14b

15

16

17

19

20a

20b

Х

X

Х

Form 990 (2012) WILSON COUNTY FIRE Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ı.	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2 7 4 2 7 2 4 3 7 4 1	5	\mathcal{N}_{λ}
	instructions for applicable filing thresholds, conditions, and exceptions).	\$ S	, 35 %	ؙڿ؞ٚ [ٛ] ٳٛڮؗڗ ؙ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

O1111 330 (2	.012/	71 <u> </u>	<u> </u>					
Part V	Statement	s Regarding (Other IRS	Filings a	and	Tax (Compli	iance
	Chack if Scho	dula O contains a	reenance to	any dubeti	on in	this P	art V	

Interest the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Forms W.25 included in line 1a. Enter 0- if not applicable Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with many completed payments to the properties of the properties properties of the properties of the pro		Check if Schedule O contains a response to any question in this Part V		<u>. </u>			<u></u>
be Enter the number of Forms W 2G included in line 1a. Enter-O- if not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? Note, if the sum of lines 1a and 2a signater than 250, you may be required to 6-fee fee instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 'Yee, 'nat file all Form 950 or for this year? 'No.', 'prowde an application or Schedule O. 4a At any time during the calendary year, did the organization in Schedule O. 4a At any time during the calendary year, did the organization in Schedule O. 4b Was the organization or protry the protry to the organization of the foreign country. See instructions for filing requirements for Form 1D F50-22 1, Report of Foreign Bank and Financial Accounts. 5c Was the organization pay or prohibited tax shelter transaction at any time during the tax year? 5c Was the organization pay or prohibited tax shelter transaction at any time during the tax year? 5c Was the organization pay or prohibited tax shelter transaction at any ortheological pay to prohibite tax shelter transaction or grits were not tax deductibles or prohibited tax shelter transactions or grits were not tax deductibles a charatable contributions? 5c If 'Yee,' and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible. 6c If 'Yee,' and the organization receive a payment in excess of \$75 made party as a contribution or personal benefit contribut? 7c If yee,' and the organization receive a payment in excess of \$75 made party as a contribution or personal benefit				1		Yes	No
Define organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (againshing) within the preservements? 2a Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] by the programmation of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] by the programmation of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] by the programmation of the programmation within the year covered by this neturn by the tal teat one is reported on time 2a, did the organization the all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3b Us the organization have venified business gross across a concer of \$1,000 or more during the year? 3c If Yes, "the still field a Form 990-T for this year? If Yho," provide an explanation in Schedule O 3c A tray time during the calked rays, did the organization have an interest run or a signature or other authority over, a financial account in a foreign country. Explored the region of the foreign country. Explored in the programmation of this foreign country. Explored in the programmation of the programmation field party or produced the season of the state of the programmation of the organization field foreign and the organization and gross receipts that are normally greater than \$100,000, and did the organization solid to the organization solid the organization solid the organization solid the organization solid to the organization so	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a_	0	٠, ۲, ۲,	ac ()	۶, ۶
(agambing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, teld for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization tile all exquired federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-five (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A part three during the calendar year, did the organization thave an interest in, or a signature or other authority over, a financial account? 5 Was the organization apearty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization porty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization apearty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt it was or is a party to a prohibited tax shelter transaction? 5 If 'Yes,' and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles a charitable contributions? 5 If 'Yes,' and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles a charitable contribution and pathy for goods and services provided to the payor? 5 If 'Yes,' and de organization notify the donor of the value of the goods or services provided? 6 If 'Yes,' indicate the number of Porms 8282 filed during the year 6 If the organization receive a payment in excess of \$75 made partly as a contribution on apartly for goods and services provided? 7 If the organization received a contribution of care, boats, anythere, or other vehicles, did the organization file and the payor and the payor and the payor and the payo	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Med for the calendar year ending with or within the year covered by this return b if at lieast one is reported on line 2a, did the organization file all enquierd federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B. Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? b if "Yes," has a filed a Form 990-T for this year? if "No," provide an explanation in Schedule O 4. At any time dumpt the calendar year, did the organization have an attracest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country. b if "Yes," enter the name of the foreign country. b if "Yes," enter the name of the foreign country. b Did any taxible party notify the organization take an attracest in, or a signature or other authority over, a financial account in a foreign country. b Did may taxible party notify the organization take a thelar transaction at any time dumpt the tax veries? 5a Was the organization a party to a prohibited tax shelter financial accounts? 5b Was the organization and party to a prohibited tax shelter fransaction? 6c Lease Does the organization had the organization file Form 8888-17? 6c Lease Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Type, and the organization received any payment in excess of \$75 made party as a contribution and party for goods and services provided? 7b Did the organization received any fundary foreign and payment in excess of \$75 made party as a contribution and party for goo	c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	able gamıng	1.75 × 1	\$ = 7 S	~ ~
field for the calendar year ending with or within the year covered by this return Note. If the sam of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Diff Yes, 1 has in file a form 990 for for this year? If Yin, *provide an explanation in Schodule O As A tary time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account? If Yes, 1 has the file a form 990 for the year? If Yin, *provide an explanation in Schodule O As A tary time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account? If Y'es, 1 enter the name of the foreign country because the second of the second of the composition of the second o		(gambling) winnings to prize winners?		1	1c	65	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, ¹ has it filed a Form 990. The rith is year? If 'Not', provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a party to a prohibited tax shelter transaction at your separation of thing requirements for Form 10 F 90/22 1, Report of Foreign Bank and Financial Accounts 5c Was the organization a party to a prohibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization file Form 886-17? 6c If Yes, ¹ to line Sa or 5b, did the organization file Form 886-17? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization have an include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a If Yes, ² did the organization notify the donor of the value of the goods or services provided? 7b If Yes, ² did the organization receive a payment in excess of 375 made garity as a contribution and party for goods and services provided to the payor? 7b If Yes, ² did the organization notify the donor of the value of the goods or services provided? 7c If Yes, ² did the organization secence apyment in excess of 375 made garity as a contribution of party for which it was required to file Form 8282? 7c If Yes, ² did the organization or federal party or growing the property for which it was required to file Form 8282? 7d If Yes, ² did the organization is excessed to a file of the payment or growing	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			, 8X	# 7	,
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0	2 2 2	, -1,6, m;	Ž. 77.
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?				
b if "Yes," has it filed a Form 990-T for this year" if "No," provide an explanation in Schedule O 4. At any time during the calendar year, add the origination have an interest in, or a signature or other authority over, a financial account in a foreign country when as a bank account, securities account, or other financial accountry b if "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form B886-T? B Dd any taxable party notify the organization file Form 8886-T? See Dost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soluct any contributions that were not tax deductibles? See If Yes, "Idd the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles? Organizations that many receive deductible contributions under section 170(c). B If Yes, "Indicate that many receive deductible contributions or orth evalue of the goods or services provided? If Yes, "Indicate the number of Forms 88282 filled during the year. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? Hit the organization received a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				,
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts Sa. Was the organization rave to a prohibited tax shelter transaction at any time during the tax year? 5b. Was the organization rave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a. Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b. If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b. Did the organization receive appwind in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 8c. If "Yes," idld the organization notify the donor of the value of the goods or services provided? 9b. If the organization receive a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 9c. If "Yes," indicate the number of Forms 8282 filed during the year 9b. Did the organization receive any funds, divectly or indirectly, or a personal benefit contract? 7c. X 7d. If the organization receive any funds, divectly or indirectly, on a personal benefit contract? 7d. If the organization receive any funds, divectly or indirectly, on a personal benefit contract? 7d. If the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organizations maintaining donor advised funds. 9c. Did the organization make a distribution to a donor, donor advisor, or related person? 9c. If the organization make a dis	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		<u> </u>
thinancial account in a foreign country (such as a bank account, securities account, or other financial accountly b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial Accounts See instruction a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c 10c 11d 11d 12a 12a 13 Section 501(c)(29) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No,"	е			ect?			
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	<u> </u>	11 190, 1920 it mod a form the to report these payments. If 190, provide an explanation in ouneau.	. <u></u>			990	(2012

Form 990 (2012) WILSON COUNTY FIRE FIGHTERS ASSOCIATION 14-1857499 Page Part VI., Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	See i	nstructions			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
		_			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>5</u>		o'
	If there are material differences in voting rights among members of the governing body, or if the governing					1 60
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				and the second	2 3 5
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u>o</u>		. , 3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	200 C C	1.T.A	210
	officer, director, trustee, or key employee?			_2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
6	Did the organization have members or stockholders?		•	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:	25 3	h ? Besk	12 7 2
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	Axia
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			مريد ع	28.8°	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescnbe			
	ın Schedule O how this was done .			12c	-	
13	Did the organization have a written whistleblower policy?			13		<u>X</u> _
14	Did the organization have a written document retention and destruction policy?			14	بکی ہے۔	X
15	Did the process for determining compensation of the following persons include a review and approve	al by I	ndependent	2 2 2 2 4 1	V, * \$.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		3. m x	، کی کی ا	* " & 2.4
	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	<u>X</u> _
þ	Other officers or key employees of the organization .			15b	- p~ p~	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			9,500 PM	-(1)	*
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	ـــســــــــــــــــــــــــــــــــــ	L. Silve I	1. J. J.
	taxable entity during the year?			16a	26.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			\$ 100 mm		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anızatıd	on's		grar væ	MA ES
~	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed TN	T (0	to a 504(-)(0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Sec	tion 501(c)(3)s only) avallac	ole	
	for public inspection. Indicate how you made these available Check all that apply.	_				
	Own website Another's website W Upon request Other (explain		-			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, a	and finar	ncial	
	statements available to the public during the tax year	_				
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organiz	zation:	-	
	JAMES HENDRIX - 615-308-1386	·-··		·		
	P.O. BOX 2310, LEBANON, TN 37088					

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WILSON COUNTY FIRE FIGHTERS ASSOCIATION

14-1857499

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization r (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week	offi	cerar	ss pe	rson recto	s bot or/trus	han tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT LORDEN	20.00	-		'						
PRESIDENT	1000	-	_	X				0.	0.	0.
(2) JAMES COPAS	10.00	}								•
VICE PRESIDENT	10.00			X		_		0.	0.	0.
(3) JENNIFER HARMON	10.00	-		x					0	•
SECRETARY	20.00	├-	┢	^		-		0.	0.	0.
(4) JAMES HENDRICKS TREASURER	20.00	ſ		\mathbf{x}^{\parallel}				0.	0.	0.
TREASORER							-	· · · · · · · · · · · · · · · · · · ·		
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Par	Section A. Office	ers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)			
	(A)		(B)			(C	>)			(D)	(E)		(F)	
	Name and to	tle	Average	(do		Posi heck i		than (one	Reportable	Reportable		Estimat	
	•		hours per week	box	unle	ss per	rson i	s boti or/trus	h an	compensation from	compensation from related		amount other	
			(list any	_						the	organization		compens	
			hours for	die	80			ted		organization	(W-2/1099-MIS	3C)	from th	
			related organizations	ustee (truste		99	suadı		(W-2/1099-MISC)		İ	organıza and rela	
			below	individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	۱,				organizat	
			line)	Indiv	Institu	Officer	Key er	Highe	Former					
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	· · · · · · · · · · · · · · · · · · ·													
							l							
	Sub-total .									0.		0.		<u>0.</u>
	Total from continuation Total (add lines 1b and		II, Section A							0.		0.		0.
2	Total number of individu		ot limited to th	ose	liste	ed at	bove	e) wh	no r		0.000 of reportab			
_	compensation from the							-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
												ŗ	Yes	
3	Did the organization list				e, ke	y en	nplo	yee,	, or	highest compensated e	mployee on		.~ \$` ¹ , e <u>W</u>	
_	line 1a? If "Yes," comple						_				:	ŀ	3 .7 81 .561 26	X
4	For any individual listed										the organization		4	1 To
5	and related organization Did any person listed or	•									idual for services	,		13 14 15 E
Ū	rendered to the organiz								0.0.	organization of man			5	X
Sec	tion B. Independent Co													
1	Complete this table for											npens	ation from	
	the organization Repor		the calendar y	ear	endı	ng v	vith	or w	ıthı		year.	I		
		(A) Name and business	address	NT/	~ *****					(B) Description of s	services	C	(C) ompensati	on
				TAI	INC	<u>ت</u>								
												<u> </u>		
							_					-		
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									\dashv			—		
												1		
2	Total number of indepe	ndent contractors (including but r	not li	mıte	d to	tho	se la	stec	d above) who received n	nore than	2		
	\$100 000 of compensa							n				3 × 2	ri kuran.	A. E. S.

WILSON COUNTY FIRE FIGHTERS ASSOCIATION

Form 990 (2012) WILSON COUNTY FIRE FIGHTERS ASSOCIATION 14-1857499 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) (A) Related or Total revenue 4. exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 131,843 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a MEMBER DUES 900099 13,191 13,191 Program Service Revenue f All other program service revenue 191 激光 Total, Add lines 2a-2f Investment income (including dividends, interest, and 52 other similar amounts) 52 Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d 7 a Gross amount from sales of (II) Other (i) Securities assets other than inventory b Less' cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 131,843. of contributions reported on line 1c) See 26,753. Part IV, line 18 17,772 b Less. direct expenses 8,981 ,981 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less, direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code

067

11 a

d All other revenue

Total, Add lines 11a-11d

Total revenue. See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon	se to any question in thi	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		44		A COLOR A COLO
	organizations in the United States. See Part IV, line 21	11,950.	11,950.	· · · · · · · · · · · · · · · · · · ·	() () () () () () () () () ()
2	Grants and other assistance to individuals in	4 500	1 500		
	the United States See Part IV, line 22	1,500.	1,500.	1 2 2 3 5 6 7 WE	(1) () () () () () () () () ()
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16	2,886.	2,886.	77.485. 3 14.445.42. 76.48.33.54. 17.77.	Programme and the second of th
4	Benefits paid to or for members	4,000.	2,000.	I BERTHALL KAR IS JAM ACK	1,000 Jay = 1,000 July = 1,000
5	Compensation of current officers, directors,				
_	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			_	
11	Fees for services (non-employees)				
	Management				
	Legal				
c	Accounting	3,938.	3,024.		914.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	22,000.	, ~ , ,	The same of the same	22,000.
f	Investment management fees		<u> </u>		
q	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	278.			278.
13	Office expenses	4,374.	2,794.		1,580.
14	Information technology				
15	Royalties				
16	Occupancy .	2,780.			2,780.
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings	,			<u> </u>
20	Interest .				
21	Payments to affiliates	16,517.	11,623.		4,894.
22	Depreciation, depletion, and amortization				
23	Insurance .				2 2 20 2 2 1 5 2 2 2
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			'. '. ,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	24e amount exceeds 10% of line 25, column (A)			(,	
	amount, list line 24e expenses on Schedule O.)	F1 F00	<u> </u>	* * *	F1 F00
a	LEASED EMPLOYEES	51,522.			51,522.
b	EVENT COST	8,256.			8,256.
C	SPONSOR FEES	7,318.			7,318.
d	PYMTS TO OTHER LOCAL FF	5,500.	7 005		5,500.
	All other expenses SEE SCH O	17,634.	7,095.		10,539.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	156,453.	40,872.	0.	115,581.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		i		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			7 000 (22.42)

Pal	T.X	Balance Sheet	. <u> </u>			
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		17,883.	1	25,063.
	2	Savings and temporary cash investments		16,923.	2	7,357.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	,
	5	Loans and other receivables from current and for	mer officers, directors,	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 76.	
		trustees, key employees, and highest compensa-	ted employees Complete		\$ 50	
		Part II of Schedule L	. ,	72 4-12 2-1-1	5	, 1201 1201
	6	Loans and other receivables from other disqualifi	ed persons (as defined under	· (在) 学生知识(10 · 4 · 12)	١٠,٥١٥ ١	CARLON CONTRACTOR
		section 4958(f)(1)), persons described in section		, v , v , v , v , v , v , v , v , v , v		
		employers and sponsoring organizations of secti		25 M C .		
	!	employees' beneficiary organizations (see instr).	at 134 Ma drain by	6	, , , , , , , , , , , , , , , , , , , ,	
ets	7	Notes and loans receivable, net	,		7	
Assets	8	Inventories for sale or use		8		
⋖	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment cost or other	1	1 (C = 2) - " " " " " " " " " " " " " " " " " "	2 750	45 31 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		basis. Complete Part VI of Schedule D	10a		, '	
	ь	Less: accumulated depreciation	10b	2972 01 2 7 7 7 7 7 7 7 7	10c	Contract to the contract of th
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	Lline 34)	34,806.	16	32,420.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former				********
ΪĠ		key employees, highest compensated employees	· · · · · · · · · · · · · · · · · · ·			
Ë		Complete Part II of Schedule L	-, 		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay	•			
		parties, and other liabilities not included on lines			l	
		Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and		,	- : \
ģ		complete lines 27 through 29, and lines 33 and		" ,	٠ ،	
ĕ	27	Unrestricted net assets		34,806.	27	32,420.
ala	28	Temporarily restricted net assets			28	
g G	29	Permanently restricted net assets			29	
ڃ		Organizations that do not follow SFAS 117 (AS	SC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	,,			
)ts	30	Capital stock or trust principal, or current funds			30	and the second section of the second
\SS(31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
et A	32	Retained earnings, endowment, accumulated inc			32	
ž	33	Total net assets or fund balances		34,806.	33	32,420.
	34	Total liabilities and net assets/fund balances		34,806.	34	32,420.

orm	990 (2012) WILSON COUNTY FIRE FIGHTERS ASSOCIATION	14-18:	<u>) /499</u>	Pag	ge IZ
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1	4 =		.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{4}{6}$, 0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>2,3</u>	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	4,8	<u>06.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3	<u>2,4</u>	<u> 20.</u>
Pạ	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		[v.*	~ x 16
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<i>;</i>	٠.٠	×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	'~ <i>'</i>	Y,_	, 5
	separate basis, consolidated basis, or both			, °8	4-
	Separate basis Consolidated basis Both consolidated and separate basis		,	, ,	1. TO
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	, 1	\$	15
	consolidated basis, or both:		, ,		1, 4
	Separate basis Consolidated basis Both consolidated and separate basis			٧.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		, ,*	<u>*</u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.	,	,	, çz v
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt		ź2	ئى د د د
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2012)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open To Public Inspection

Internal Revenue Service

Department of the Treasury

identification number

Name of the organization	71114011 to 1 51111 000 01 1 0111 1 011					Employer ide	ntification number
WILSON	COUNTY FIRE FIGHTE	RS	ASS	OCIATION		14-1857	499
	· Complete if the organization answe				ne 17	. Form 990-EZ	filers are not
Indicate whether the organization raise A Mail solicitations b Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Fb If "Yes," list the ten highest paid indicates.	e Solicitar f Solicitar g X Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	e organization.	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
FIRECO, LLC - 1143 COLUMBIA		Yes	No				
AVE #B20, FRANKLIN, TN 37064,	FUNDRAISING COUNSEL		Х	149,821,		25,000.	124,821,
Total			>	149,821,		25,000.	124,821,
 List all states in which the organization or licensing 	on is registered or licensed to solicit	contrit	ution	s or has been notifie	d it is	exempt from r	egistration
TN							
				· · · · · · · · · · · · · · · · · · ·			

Schedule G (Form 990 or 990-EZ) 2012 WILSON COUNTY FIRE FIGHTERS ASSOCIATION 14-1857499 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events BIKE RIDE & NONE BIANNUAL (add col. (a) through FILL THE BOO CONCERTS col. (c)) (total number) (event type) (event type) 8,774. 158,596. 149,822. Gross receipts 131,843. 131,843. Less. Contributions 17,979. 26,753. 8,774. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 379. 379. Rent/facility costs 7 Food and beverages 1,126. 1,126. 8 Entertainment 14,256. 16,267. 2,011. Other direct expenses 17,772; 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,981. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes L b If "Yes," explain

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 WILSON COUNTY FIRE FIGHTERS ASSOCIATION 14-1	85749	9 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	└ Yes	└─ No
13	Indicate the percentage of gaming activity operated in.		
а	The organization's facility	13a	%
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v) an	d Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		•
	inco o, ob, 100, 100, 100, 10, and 170, as applicable. Also complete this part to provide any additional information	i (see ilistic	ictions).
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	oc.	
<u> </u>	MEDOLE C, TIME I, DINE 2D, DIST OF TEN MIGHEST FAID FONDRAISER		
(I) NAME OF FUNDRAISER: FIRECO, LLC		
	/ NAME OF FORDICATOER. FIRECO, DDC		
(I) ADDREC OF FINDRATORR.		
7 +) ADDRESS OF FUNDRAISER:		
11	42 COLUMNIA ALE HOLD EDANGETAL MAI 270CA EDANGETAL MAI 270CA		
<u> 1 1 </u>	43 COLUMBIA AVE #B20, FRANKLIN, TN 37064, FRANKLIN, TN 37064		
			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public. 2012

ž **Employer identification number** 14-1857499 Inspection (h) Purpose of grant or assistance CHARITABLE SUPPORT X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. FIGHTERS ASSOCIATION 8 500 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table WILSON COUNTY FIRE 13-1665552 Part I & General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 3300 EAST SUNRISE DRIVE Name of the organization TUCSON, AZ 85718 2 Des

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

14-1857499 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed WILSON COUNTY FIRE FIGHTERS ASSOCIATION Schedule I (Form 990) (2012) Part

Page 2

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 2: ALL CONTRIBUTIONS AND ASSISTANCE ARE APPROVED (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE PART I, BY MEMBERSHIP SCHEDULE I, Part IV

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **2012**Open to Públic (1)

Inspection (2)

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

14-1857499 WILSON COUNTY FIRE FIGHTERS ASSOCIATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROFESSION BY IMPROVING ITS MEMBERS' SKILLS, EFFICIENCY, PHYSICAL AND MORAL CONDITION. FORM 990, PART VI, SECTION A, LINE 6: CONSISTS OF FIRE FIGHTERS WHO ARE MEMBERS OF THE LABOR ASSOCIATION FORM 990, PART VI, SECTION A, LINE 7A: CURRENT ASSOCIATION MEMBERS ELECT OFFICERS AND EXECUTIVE BOARD FORM 990, PART VI, SECTION A, LINE 7B: SOME MEASURES REQUIRE OVERALL ASSOCIATION MEMBER APPROVAL FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE BOARD REVIEWS THE FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, ETC. ARE AVAILABLE UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: POSTAGE: PROGRAM SERVICE EXPENSES 98. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 4,402. TOTAL EXPENSES 4,500.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
WILSON COUNTY FIRE FIGHTERS ASSOCIATION	14-1857499
TELEPHONE:	
PROGRAM SERVICE EXPENSES	1,898.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,390.
TOTAL EXPENSES	4,288.
PRINTING:	
PROGRAM SERVICE EXPENSES	250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,204.
TOTAL EXPENSES	2,454.
ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	2,240.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,240.
AUTO:	
PROGRAM SERVICE EXPENSES	315.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,410.
TOTAL EXPENSES	1,725.
TAXES:	
PROGRAM SERVICE EXPENSES	795.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	103.
232212 01-04-13	chedule O (Form 990 or 990-EZ) (2012)

Form 8868 (Rev. 1-2013)					Page 2	
If you are filing for an Additional (Not Automatic) 3-M	lonth Extension, o	complete only Part II and check thi	s box	·	▶ X	
Note. Only complete Part II if you have already been gran				3868.		
 If you are filing for an Automatic 3-Month Extension, 	complete only Pa	ırt I (on page 1).				
Part II Additional (Not Automatic) 3-M	onth Extensio	n of Time. Only file the origin	nal (no c	opies ne	eded).	
					see instructions	
Type or Name of exempt organization or other filer, so	ee instructions		Employer	identificat	on number (EIN) or	
print						
e by the WILSON COUNTY FIRE FIGHTERS ASSOCIATION				<u> 14-1857499</u>		
e date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)		
return See P.O. BOX 2310						
instructions City, town or post office, state, and ZIP code	. For a foreign add	ress, see instructions.				
LEBANON, TN 37088						
Enter the Return code for the return that this application	is for (file a separa	te application for each return)			0 1	
		T				
Application · _	Return	Application			Return	
Is For	Code	Is For		773,77	Code	
Form 990 or Form 990-EZ Form 990-BL	01	Form 1041-A		9 - 1 - 1 - 1	08	
Form 4720 (individual)	03	Form 4720			09	
Form 990-PF	03	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	-		11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already			viously file	d Form 88		
JAMES HEND		made o month extension on a pre-	riodoly inc	<u></u>		
• The books are in the care of ▶ P.O. BOX 2		ANON, TN 37088				
Telephone No ▶ 615-308-1386		FAX No ▶				
If the organization does not have an office or place of	business in the Ur	nited States, check this box				
 If this is for a Group Return, enter the organization's for 			If this is fo	r the whole	group, check this	
box If it is for part of the group, check this box		•				
4 I request an additional 3-month extension of time u	intil NOVEM	BER 15, 2013				
5 For calendar year 2012, or other tax year begin	ining	, and endir	ng			
6 If the tax year entered in line 5 is for less than 12 m	nonths, check reas	on Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
AWAITING THIRD PARTY INFO	RMATION.					
8a If this application is for Form 990-BL, 990-PF, 990-	Г, 4720, or 6069, е	inter the tentative tax, less any			•	
nonrefundable credits. See instructions			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720,						
tax payments made Include any prior year overpa	yment allowed as a	a credit and any amount paid	-	_	0.	
previously with Form 8868		th thus forms of required by using	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include		an ans room, ir required, by using	0.5		0.	
EFTPS (Electronic Federal Tax Payment System) Signature and Vi		st be completed for Part II	8c_	\$	U •	
Under penalties of perjury, I declare that I have examined this foi it is true, correct, and complete, and that I am authorized to prep	rm, including accomp	•	-	f my knowle	dge and belief,	

Title ► CPA

Form **8868** (Rev. 1-2013)

Date ►

Signature >